

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WT	69607	01/9/00
O.I.P.E. CLASSIFIER		8	7-2-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		100574	10/3/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/2/00
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9	✓	✓	
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11	✓	✓	
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13	✓	✓	
14	✓	✓	
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21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	
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34	NN	NN	
35	✓	✓	
36	✓	✓	
37	✓	X	
38	NN	NN	
39	NN	NN	
40	NN	NN	
41	✓	✓	
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Claim	Final	Original	Date
51	✓	✓	1/2/00
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59	✓	✓	
60	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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